It wasn’t uncommon for Tasha Edens, a manager of a group home, to experience minor bruises while at work, it was part of the job. However, one day in early October of 2012, she came home and noticed deep purple bruising on her legs. She didn’t think much of it until a large bruise appeared on her stomach and her husband insisted she go to a walk-in clinic. They drew blood, which later revealed she had leukemia. They could not determine what type, just that she needed to go to the Emergency Department immediately.

It was in the Emergency Department at Yale-New Haven Hospital that Tasha met the Smilow Cancer Hospital Hematology team, first Dr. Alfred Lee, and later Dr. Nikolai Podoltsev. Dr. Podoltsev, Assistant Professor of Medicine (Hematology), was able to confirm a diagnosis of acute promyelocytic leukemia, a rare, quick moving subtype of Acute Myeloid Leukemia (AML) where immature white blood cells accumulate in the bone marrow. This leads to a deficiency of normal blood cells and platelets. Still in shock from the diagnosis, Tasha and her husband were frightened by the sudden urgency with which things progressed.

Dr. Podoltsev explained that the beginning stage of this leukemia subtype is the most dangerous, and in high-risk patients, like Tasha, the risk of death is high. Patients are considered high-risk when their white blood cell counts are 10,000 or over; Tasha’s counts were over 20,000 when she arrived.

Tasha began induction chemotherapy in combination with all-trans retinoic acid (ATRA) that day, and was told she would have to stay in the hospital for at least four weeks. This was devastating news for her and her family. “Dr. Podoltsev was wonderful and made it very clear from the beginning that the hardest part about this treatment regimen would be staying in the hospital, and he was right,” said Tasha. “I have 7 children, 3 of them biological, ranging in age from 9 to 26, and 2 grandchildren. There was no time to stop and see them or to explain what was happening, we had to move fast.”
Tasha remained at Smilow Cancer Hospital for 35 days and was monitored for any adverse reaction to the chemotherapy. Previously a disease that was highly lethal, the majority of patients with acute promyelocytic leukemia (APL) are now cured because of the introduction of differentiating agents including ATRA, a vitamin A derivative.

“Coming to an academic hospital, like Smilow, is crucial for high-risk patients like Tasha,” said Dr. Podoltsev. “Things need to move fast to get an accurate diagnosis and begin treatment. With this kind of expertise, cure is almost 90%, which is very favorable for a disease that can be fatal if not identified and treated correctly very quickly.”

One thing that helped Tasha through her hospital stay was the care and knowledge of the staff and doctors. “They never once turned my family away,” said Tasha. “They were comforted and treated with the same kindness that I was. My husband stayed with me every night and went to work in the morning for the Department of Corrections, an already stressful and high-risk job. Then he came home to the kids, the house, and the questions about when mom was coming home. It is a lot of stress for a family.”

Following the induction chemotherapy, Tasha began consolidation therapy, which was given in 3 cycles with a goal of achieving remission and ultimately cure. During this time she was in and out of the hospital for varying durations. A bone marrow biopsy later revealed that the treatment had worked; there was no evidence of disease.

“Tasha’s type of leukemia accounts for only 10 percent of all AML cases. We see about 5 patients a year that are newly diagnosed,” explained Dr. Podoltsev. “Managing such a rare cancer requires a lot of moving parts. Treatment involves inpatient and outpatient care, as well as two years of outpatient maintenance therapy. It takes a lot of understanding on the part of the patient, but the outcome is most often a cure.” Dr. Podoltsev commented that the treatment for AML is a multi-disciplinary effort that includes a nurse practitioner, the nurses in the inpatient and outpatient clinics, and a number of fellows and leukemia service attendings that make the transition between inpatient and outpatient care smoother.

Tasha recently finished 2 years of maintenance therapy, during which she developed Pneumocystis jiroveci Pneumonia (PJP), which is common in patients with a suppressed immune system. She was again admitted into the hospital, this time for 15 days. She now sees Dr. Podoltsev every 3 months for blood work, to make sure there are no signs of a recurrence.

Although physically healthy, Tasha and her family still suffer from the emotional and mental side effects of cancer. She commented that it is always in the back of their minds, what if it comes back and they have to go through all of this again? “My kids are afraid every time I go in for my routine blood work, they think, what if this time mom doesn’t come home again? It is very hard to deal with that.”

Tasha has learned to listen to her body and if she feels tired, she rests. Something she would not have done before. “I am so blessed to have come through this, and it is thanks in part to my amazing husband who pushed me to focus on my own health for once. It is still hard to put cancer out of my mind and the fear it may return, but I am here, I am alive, and for now I plan to live each day for my children, my grandchildren and for my husband. They are my greatest blessing.”